

**INCIDENT/INVESTIGATION
REPORT**

Agency Name <i>Port St. Lucie Police Department</i> ORI <i>FL 0560200</i>	INCIDENT/INVESTIGATION REPORT						Case# <i>2015-12899</i> Date / Time Reported <i>06/19/2015 01:30 Fri</i> Last Known Secure <i>06/19/2015 01:30 Fri</i> At Found <i>06/19/2015 01:30 Fri</i>						
I N C I D E N T D A T A M O	Location of Incident <i>618 Sw Branford Rd, Port St Lucie FL 34983-</i>			Premise Type <i>Residence-single Family</i>		Zone/Tract <i>PS23</i>							
	Crime Incident(s) <i>Assault / Battery SCA</i>			Weapon / Tools <i>HANDS/FIST/FEET</i>				Activity					
				Entry		Exit		Security					
	Crime Incident <i>Ordinance Violation XOP</i>			Weapon / Tools				Activity					
Entry				Exit		Security							
V I C T I M	# of Victims <i>2</i>		Type: INDIVIDUAL/ NOT LAW			Injury: None		Domestic: N					
	Victim/Business Name (Last, First, Middle) <i>V1 SALEH, JOY AIMEE</i>			Victim of Crime # <i>1, 01/12/1983</i>		DOB <i>Age 32</i>	Race <i>W</i>	Sex <i>F</i>	Relationship To Offender	Resident Status	Military Branch/Status		
	Home Address <i>851 SOLAZ AVE , Port St Lucie, FL 34983-</i>								Home Phone <i>772-203-9919</i>				
	Employer Name/Address						Business Phone		Mobile Phone				
	VYR Make Model Style Color Lic/Lis						VIN						
O T H E R S	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)												
	Type: SOCIETY/PUBLIC Injury:												
	Code Name (Last, First, Middle) <i>V2 STATE OF FLORIDA</i>			Victim of Crime # <i>2 / /</i>		DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status <i>N/A</i>		
	Home Address								Home Phone				
	Employer Name/Address						Business Phone		Mobile Phone				
	Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:												
	Code Name (Last, First, Middle) <i>IO BITETTO, VITANGELO ROCCO</i>			Victim of Crime # <i>10/09/1964</i>		DOB <i>Age 50</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender	Resident Status	Military Branch/Status <i>Resident</i>		
	Home Address <i>1484 Se Village Green Drive Port St Lucie, FL 34952</i>								Home Phone <i>772-398-0065</i>				
	Employer Name/Address <i>Good Samaritan Ministries (PASTOR)</i>						Business Phone <i>772-501-0169</i>		Mobile Phone				
	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (OJ = Recovered for Other Jurisdiction)												
P R O P E R T Y	VI #	Code	Status Frm/Td	Value	OJ	QTY	Property Description		Make/Model		Serial Number		
Officer/ID# <i>DALIA, D. (PTRL) (3747)</i>													
Invest ID# <i>(0)</i>							Supervisor <i>HENKEL, T. (CID) (854)</i>						
Status	Complainant Signature			Case Status <i>Exceptionally Cleared</i>		06/19/2015		Case Disposition: <i>Prosecution Declined</i>		06/19/2015			
										Page 1			

Incident Report Additional Name List

Port St. Lucie Police Department

OCA: 2015-12899

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI I	DOWELL, MICHELLE RENAE		01/08/1984	31	W	F
Address	1199 Country Gardens Ln , Fort Pierce, FL 34982-		H:	772-672-0318		
Empl/Addr			B:	- -		
			Mobile #:	772-429-1320		

INCIDENT/INVESTIGATION REPORT

Port St. Lucie Police Department

Case # 2015-12899

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers

HENKEL, T. (854), CONNOR, M. (2605), PAPALEO, D. (3743)

Suspect Hate / Bias Motivated: *None*

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2015-12899

Port St. Lucie Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Port St. Lucie Police Department

OCA	2015-12899
Date / Time Reported	Fri 06/19/2015 01:30

Victim
SALEH, JOY AIMEE

Offense
ASSAULT / BATTERY

On June 19th 2015, at approximately 0130 hours, I responded to 618 SW Bradford Road in reference to a disturbance.

Upon arrival I met with the victim Joy Amiee Saleh and witness Michelle Ranae Dowell.

Joy told me the following: She is caretaker for the house, and it is owned by a "Pastor Vito" who runs Good Samaritan Ministries. The house is used as a group home to take in various people who need help such as homeless or recovering addicts. A new person named Joan came to live there recently. Earlier in the day Joan tripped inside the house and fell, requiring her to go to the hospital for facial injuries. At the hospital they gave Joan a prescription for pain killers, however the house has rules saying that no prescription pain killers are allowed. Joan came back from the hospital with a cab and Joy asked her if she had a prescription, to which Joan said no. Joy said she did not believe her, and wanted to check her belongings. An argument started and Joan slapped Joy in the face and started to cause a disturbance.

Michelle told me a similar statement, and that Joy was slapped by Joan, and then Joan started to freak out.

I met with Joan Arlene Everly and noticed her right eye socket was swollen, her eye was bruised, and her right forehead was swollen.

Joan told me the following: She fell in the room she is staying in because she tripped from a step down to into the room from the hallway. She had to go to the hospital for her facial injuries, and when she returned, she saw Joy standing at the front door. She said excuse me and tried to walk around her, when Joy slapped her in the face, and pushed her down to the ground. She got up and returned to her room.

Fire rescue responded to evaluate Joan, however she refused to go to the hospital.

There were no witnesses who could corroborate Joan's statements, and Joy did not wish to press charges for Battery. A waiver of prosecution was completed by Joy, and Michelle said she called "Pastor Vito" to come and get Joan.

As Michelle and Joy referred to the residence as a group home, I did not observe a fire suppression system, fire alarm system, fire extinguisher, or emergency exit plan in the house. The house appears to be an undocumented group home, and had multiple unrelated persons living in the home.

"Pastor Vito" who was later identified as Vitangelo Rocco Bitetto arrived to take Joan to another home. During which time I explained that if they were going to run this as a group home, out of safety precautions they would need a fire suppression system, fire alarms, and emergency exit plan. He said that he did not believe he needed them as his "Church" is non-profit. He says that he helps homeless people find a home, and helps people who need a second chance. I explained that he was still liable for the persons in his "Group Home" and that he needed to provide these items for safety and per regulations.

I determined it was an undocumented group home with multiple non related persons living there, and this information will be forwarded to Code Compliance for their review.

Incident Report Suspect List

Port St. Lucie Police Department

OCA: 2015-12899

1	Name (Last, First, Middle) EVERLY, JOAN ARLENE					Also Known As					Home Address 17 VIRGINIA PARK BLVD FORT PIERCE, FL 34947 772-200-7254	
Business Address DISABLED												
DOB 12/10/1952	Age 62	Race W	Sex F	Eth	Hgt 504	Wgt 130	Hair BRO	Eye BRO	Skin	Driver's License / State. E164481529500 FL		
Scars, Marks, Tattoos, or other distinguishing features												
<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height		Weight		SSN
Weapon, Type		Feature	Make		Model			Color		Caliber	Dir of Travel Mode of Travel	
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN	
Notes _____ Physical Char _____												
2	Name (Last, First, Middle) GOOD SAMARITAN MINISTRS,					Also Known As					Home Address 8280 BUSINESS PARK DR PORT ST LUCIE, FL 34952 772-398-0065	
Business Address												
DOB / /	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.		
Scars, Marks, Tattoos, or other distinguishing features												
<i>Reported Suspect Detail</i>			Suspect Age		Race	Sex	Eth	Height		Weight		SSN
Weapon, Type		Feature	Make		Model			Color		Caliber	Dir of Travel Mode of Travel	
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN	
Notes _____ Physical Char _____												

Port St. Lucie Police Department
Waiver of Prosecution

Case Number: 2013-12895

The undersigned, Jay Saleh,
(PRINT NAME) does not wish to
make a formal complaint, nor file any criminal charges against,

Joan Arlene Evers,
(PRINT NAME) and further relieves the Port St.
Lucie Police Department of any responsibility in this case.

The undersigned further states that he/she has not been promised
anything in return, has not been threatened, and has not received
any monies for refusing to make a formal complaint.

Signature

Printed Name of Signor

Date

Time

Witnesses:

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness